4. M. No. 1

Z

PLACE OF DEATH	STATE OF MARYLAND
County Moute gorners	CERTIFICATE OF DEATH
	Registration Dist. No. 223
Village or City alkomal dates, The Wa	Mr. Sunt 1 10 sp. Ward) (If death occurred in a hospital or institu-
2FULL NAME MIN Edith a	Muller and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Wonth) (Day) (Year)	that I last saw h Analive on 1930.
7 AGE [If LESS than	and that death occured on the date stated above, at, m.
72 yrs. 4 mos. 28 ds. 6755 min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work	We had Em Holion:
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Vuration) yrs. mos. de.
9 BIRTHPLACE (State or country) while the state of country while the state of the s	Contributory Secondary They for a take Summan de Contributory (Duration) 3 yrs mos de
10 NAME OF FATHER CHILDREN P. MC CULLY 11 BIRTHPLACE OF FATHER OF FATHER	(Address) And for the Gentla From
CState or country) Mary and 12 MAIDEN NAME	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER MARGORIUM MUCLLARY OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place
(State or country)	of death yrs mos ds. State yrs de.
(Informant)	Former or asual residence 7 9 K St. N. W. Wase LO.C.
(Address) Iskuma Park, Mil.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL James, 8, 1931
15 Filed Jan 1921 HEL ogges	20 UNDERTAKER ADDRESS ADDRESS STORW.
Registra	Individual dade to
If more blanks are needed, addross State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

AAPL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; if cupation is very important, so that the relative health tired 6 yrs). er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The Compositor, Architect, For persons who have no occupation -Coal mine, etc. Locomotive engineer, (%) material """Deal-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," de. "Inanition,", "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sorcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage approved by Committee on Nomenelature of the as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valvular The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanency filed.

PLACE OF DEATH	00660 STATE OF MAR
County Monly	CERTIFICATE OF
Village or City Sanly Sp. (No. p. 2FULL NAME Rosens aurkins	Registration Dist. N St.: Ward) a ho tion, stead num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Da
DATE OF BIRTH (Worth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended 1921 to 1921 to 1941 to 2
7 AGE 1 If LESS that I day hrown for min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs.
9 BIRTHPLACE (State or country)	Contributory Secondary (Diration)
10 NAME OF FATHER Juny Been.	(Signed) 1930 (Address) Audy
OF FATHER Z (State or country)	*State the I is ase Causing Death, or, Violent Causes, state (1) Means of Injury a Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Pleza Bond	18 LENGTH OF RESIDENCE (For Hospitals, I
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) agnes Bullows	usual residence
(Address) Santy Op	I landy Spring Jan
15 Filed an 3 19/31 CS Barrisland Registral	Les R. Snowden Ro
15 Filed law 3 19/31 CS Barrilley	Les Q. Snowden

00660

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.217

St.:	Ward)	(If death a hospital tion, give stead of number.)	or in:	titu-
CERTI	FICATE O	F DEATH		

	MEDICAL O	CERTIFIC	ATE OF	DEATH	
16 DATE OF I	DEATH				1923 /
that I last sa	h occurred	ve on	t I attend	2 i	, 193,
	politi	Ville	colele	el.	
Contribute Secondar	ry lu	(Duration) / v	rom	osds.
(Signed)* *State Violent Ca Accidental,	1930(A the I is ase uses, state Suicidal or H	ddress)	ands	V/6_	M. D. ths from Whether
at place of deathys Where was dist if not at place Former or usual residence	smos ease contracted of dea.h?	nts) ds.	In the		.mosds
Sandy 20 UNDERTA	Spre	REMOVAL	PE	DATE OF	19.3

V. S. No. 1

REVISED JERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of ," etc., report specifically the occupations of persons en-Foreman, or Al Home, and children, not gainfully em-For many occupations a without more precise specification as Day Compositor, Architect, Locomotive engineer, 6 Automobile factory. The material single word or term on (6) Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Ccrebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"; ferer (the only definite synonym is "Epidemic corebroto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, porilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 2 / (If death occurred in St.: Ward) a hospit I or institution, give its NAME i stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH OR DIVORCED Write the word 6 DATE OF BIRTH Y, That I attended the deceased from (Day) that I last saw h 7 AGE IfLESS than and that death occurred on the date stated above, at . I day hrs. The CAUSE OF DEATH * was as follows: ERVE B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF OF FATHER ENT *State the Disease Causing Death, (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death .vis......ds. Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CIA 20 UNDERTAKE If more blanks are needed, addre. a tate Registrar, 16 W. Saratoga &t., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation -- Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor. the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Architect, Locomotive engineer, The ques-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphial fever (the only definite synonym is "Epidemic carebrashial meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of approved by Committee on Nomenclature of the telenus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," Chronic valvular heart discase; etc. The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

MARGIN RESERVED

YSI-	PLACE OF	DEATH
- X - X	4	

County Montgomery

00662

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 7
Village or City Kensington (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
October 13, 1846 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from [3] 1931. to
7 AGE Sy yrs. 3 mos ds. If LESS than 1 day hrs. or _ min.?	and that death occurred on the date stated above, at 35 70 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Lobar foreinaire
9 BIRTHPLACE (State or country) Waruland	Contributory Secondary (Duration) yrs, mos, ds,
10 NAME OF FATHER BENJAMIN Florias Hodges. 11 BIRTHPLACE OF FATHER	(Signed) Katharine a Chapman M. D. Jan 13 1931. (Address) 20 W. Balt. St., Reusington
Z (State or country) Maryland 12 MAIDEN NAME OF MOTHER MAIDEN AME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Virginia	ients or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted,
(Informant) Mrs. Ralple & Chappell.	if not at place of death? Former or usual residence
(Address) 26 Metropolitan leve, Kensungs	Sockielle Md. Jan. 5, 1931. 20 UNDERTAKER JADDRESS
Registrar	Korner & Lumphrey Jocknille

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

CIANS Shi statement

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton 'mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material laborer, or For many occupations a single word or term on Farm laborer, Laboreryrs). For persons who have no occupation At Home, and children, without more precise specification as Day (a) the kind of work and also (b) the Coul minc, etc. not gainfully em-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, approved by Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular Nomenclature of the Always qualify all heart not be disease;

If this cartificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PERSO	ONAL AND	STATIST	CALP	ARTIC
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7 A	GE				1
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b w	articular k b) General usiness, or		t in)	
b w	articular k b) General usiness, or hich empl	profession or aind of work, nature of inc establishment oyed or (employed	t in	7	
b w	articular k b) General usiness, or hich empl	profession or nind of work nature of inc establishmen oyed or (employed or (employed)	t in	7	
P (lb w	articular k b) General usiness, or which empl sirthplac (State or 10 NAME FATHE	profession or cind of work nature of inc establishmen oyed or (employed country) OF CR PLACE	t in	-) lea	- -
P (lb w	articular k b) General usiness, or which empl BIRTHPLAC (State or 10 NAME FATHE	profession or cind of work nature of inc establishmen oyed or (employed country) OF CR PLACE	t in	- len	50
ARENTS 6	articular k b) General usiness, or rhich empl SIRTHPLAC (State or 10 NAME FATHE 11 BIRTH OF FA (State	profession or cind of work nature of inc establishmen loyed or (employed or (employed or (employed)) OF CR PLACE THER or country) EN NAME	t in	- len Bos	nx
PARENTS 6	articular k b) General usiness, or rhich empl sirthplac (State or 10 NAME FATHE 11 BIRTH OF FA (State 12 MAID! OF MO (State) (State)	profession or cind of work nature of inc establishmen oyed or (employed or (empl	marian proper la	- length	ns

PLACE OF DEATH

00663

are needed, address State Registrar, 16 W/ Saratoga St., Balto., Requesting V. S. No. 1.

ICULARS

(Yesr) If LESS tha

l day hr da. or min

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

			nur	nber.)
	MEDI	CAL CERTIFIC	CATE OF D	EATH
16	DATE OF DEAT	H Jan	22.	, 1923/
17	I HEREI	1		ay)(Year) the deceased fro
		192 to		, 192
	at I lest saw h		1-22	· · · · · · · · · · · · · · · · · · ·
and	d thet death occ	urred on the dat	e stated above	o, at 7- 01
Th	e CAUSE OF DE	AlH * was as fol	lows:	122/3/
- 7	-0000			***************************************
	Contributory Secondery	(Durstio	m)yrs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Sin	gned) /2 4 /92	13	01	mos M.
1	State the Violent Causes, Accidental, Suicide	Disease Causing state (1) Means al or Homicidal.	Death, or, of Injury	in deaths from and (2) Whether
	LENGTH OF Fients or Recent		Hospitals,	Institutions, Tran
At	place deathyrs	mosds.	In the State	.yrsmos
W	nere was disease ed	ontracted,		••••••••••••
	mer or nal residence	. 04000		49990400000000000000000000000000000000
19	harh s	trul-	L	v23, 198
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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Farm loborer, Laborer—Coal minc, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servanl, Cool, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesmon, (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

'tclanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at heginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (ve-Housenwid, etc. If the occupation has been changed work, or At Home, report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal minc, etc. Womand children, not gainfully em-

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary). Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; "" "Marasmus, " "Old Age, " "Shock," Chronic etc. The valvular heart disease; contributory

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N. B.--Every item

WRITE

PLACE OF DEATH County MMM/WM	00665 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/4
Village or City K Monny from (No	St.: Ward) (If death occurred a hospital or institution, give its NAME is stend of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
From Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	Month) (Day) (Year).
MAY 3/ 187	17 I HEREBY CERTIFY, That Pattended the deceased from 2 1930 to 4 192 that I last saw her alive on Am. 2 193
7 AGE	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or JN. Olivic particular kind of work (b) General nature of industry	Cuchil Himmhage
business, or establishment in Oyaf Cymcullion, which employed or (employer) Oyaf Cymcullion, BIRTHPLACE (State or country)	Contributory Course Selevous
10 NAME OF FATHER D. D. Summer	(Signed). (Address) Knamyth M.
OF FATHER (State of country) No 4,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Adm L Dodge	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of Mother (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
(Informant) My Association	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
	1/4-1 0 1/4-1 3
(Address) Mising/M	20 LINDERTAKÉR

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, guged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed ployed us At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Cool mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on yrs. For persons who have no occupation Compositor. Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Procumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perdonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature not be

If this certifiancies looked over thoroughly and all questions answered in detrili, it will present further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

N. B. Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS—should state CAUSE OF DEATH in plain terms so that it may be properly classified. E.act statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING ITH UNFADING INK--THIS IS A PERMAN FOR MARGIN RESERVED WRITE PL V. S. No. 1

PLACE OF DEATH County Montgoned	00666 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/8
Village or City Trace (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Caloral Stright, WIDOWED, WIDOWED, OR BHYORCED (Write the word)	16 DATE OF DEATH Dan - 2 - /93 / 192 Jan (Month) 2 (Day) /93 / (Year)
6 DATE OF BIRTH - MR. (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192.0. to 200 - 192.0. that I last saw h walive on 200 - 200 198.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Cerefral Lemortage
ousiness, or establishment in which employed or (employer)	Contributory Carchac as Ferria
(State or country) 10 NAME OF FATHER 511 BIRTHPLACE	(Signed) (Address) (Address) (Duration) yrs mos ds. (Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	/*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER and a line of the state of the sta	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Gen) Guard (Address) Lawrence	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Cruery Tryce // 4
15 Filed Pell B 1921/ Rodul Nari Clehian, Registrar	Loy W Barber Lathersby
If more banks are needed, address State Registrar	r, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Strtement of Cause of Death—Name, first, the DISCEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—ded term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory " Haemorrhage, Measles ;

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107

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BINDING

FOR

MARGIN RESERVED

WRITE

m ...

S. act	1PLACE OF DEATH	00667 STATE OF MARYLAND
XXXXXXX	County Montgomery	CERTIFICATE OF DEATH
9		Registration Dist, No. 211
LY	Village or City Vr. Clagettesville (No.	C. W. (If death occurred in
KACTLY, classified ate.	Village or City (INO.	a hospital or institu-
H S	2 FULL NAME (not named - Infant) Brown steed of street and number.)
rope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
800	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Jungle WIDOWED.	16 DATE OF DEATH days know to buth 160
ay be	OR DIVORCED (Write the word)	(Month) (Day) (Year)
hould t ma on b	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Jan. 28, 1931	Jun. 20 1921 to 40
th	(Month) (Day) / (Year)	that I last saw har altre on the same, 1921,
plied. ACE s rms so that i instructions	7 AGE Still born If LESS than I dayhrs.	and that death occurred on the date stated above, at
plie rms ins	yrsds. ormin.?	Unknown to me. Duth
sup n te See	(a) Trade, profession or None	occupied several day prior
lly lair	particular kind of work (b) General nature of industry	10 VVIII - Jan. 28, 1931.
Carefu H in p	business, or establishment in which employed or (employer)	(Duration)yrs,mos,ds,
Cal TH Ipol	9 BIRTHPLACE (State or country) Md	Contributory Secondary
EAT im		(Duration) yrsds.
F D	FATHER Genry H. Brown	(Signed) Cloude M. D. Orger M. D.
sho is	IN 11 BIRTHPLACE	Jan 18 (193/ (Address) Danieseus Mg
SUS	OF FATHER (State or country) 12 MAIDEN NAME 1 A A A A A A A A A A A A A A A A A A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ATI	of Mother Margaret a. Musgrove	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Corp	13 BIRTHPLACE	ients or Recent Residents) At place in the
100	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
sho	(Informant) Henry A. Brown	Former or usual residence
SM	(May 150). monerous ml.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CIAI	(Address) (O.10 OV. (D01	20 UNDERTAKER ADDRESS

Registrar

maseus my

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Cout mine, etc. wonner en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (fcor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). know without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the pits.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrosphalized fever (the only definite synonym is "Epidemic cerebrosphalized in the same disease. Typhoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the Always qualify all

and this certificate is looked over thoroughly and all questions and eree in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

V. S. No. 1

	1PLACE OF DEATH County Monte		00668	STATE OF M	
	County MORUE	s e manda pa antipodente.	(95-C)		Dist. No. 2-11
Vil	lage or City_Clarksburg		dett	St.:Ward)	Of death assumed in
=	PERSONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE C	OF DEATH
	Male White	SSINGLE, Married WIDOWED. OR DIVORCED (Write the word)		21.1. / 3 (Month)	(Day) (Year)
6 1	DATE OF BIRTH April (Month	4 , 1868) (Day) (Yesr)	17 I HEREBY	Y CERTIFY, That I atte	ended the deceased from 1981,
ii ii	62 yrs. 9	mos. 9 ds. lf LESS than l day hrs. or min.?		rred on the date stated THI * was as follows:	above, at 9.15 Pm.
OF CHANGE	a) Trade, profession or articular kind of work	land	Contributory Secondary	(Duration)	
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Burdett		(Address) Causing Death, tate (1) Means of In or Homicidsl.	
PAR	OF MOTHER Sarah	Shipley	18 LENGTH OF RE ients or Recent R. At place of death yrs	esidents) In the mosds. Stat	eyrsmosds
14	(Informant) Bell Burd (Address) Clarks	ett, (Wife)	Former or usual residence	L OR REMOVAL	DATE OF BURIAL
15	Filed Jan 15 1923!	Registras	Urbana,	tacfore ?	Jan 16th 3 Jailhust
	ar more banks are	neces, address ctate neglitra	i, io in Daratoga Dei,		

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Business, that fact may be indicated thus; Farmen (retired 6 yrs). whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Capla-Housenaid, etc. If the occupation has been changed er," etc., without more precise specimentary laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the work, or At Home, and ehildren, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," nature of the husiness or industry, and therefore an Physician, Compositor, household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons enuner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Architect, Locomolive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Strigment of Cause of Death-Name, first, the DIS ed term for the same disease. Examples: Cerebrospinal, to time and causation), using always the same accepta EARLY CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); Twer (the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,

data is

answered in detail, it will prevent further correspondence.

essential and must be obtained before the certificate is

permanently filed.

It this certificate is looked over thoroughly and all qu stions stated unless important. Example: Measles (disease approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (ganus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The valvular heart disease; Nomenclature of the contributory

'r more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Regulative V. S No. 1.

(If death occurred in a hospital or institu-

ion, give Its NAME instead of street and

wumber.)

(Day)

CATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered a. Housewife, Househousehold only (not paid Mousekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day 6 yrs.). For many occupations a single word or term on Or Allen or to Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. As examples: (a) The material Wom-

Bis ceraent of Lause of Death—Name, first, the prists causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal faver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on head of "coutributory." quences train—accident; Revolver wound of head—homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease vulsions." Chronic interstitial nephritis, etc. (uanic origin; "Cancer" is less definite; avoid inges, peritonacum, etc., inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic talvular heart disease, For the injury, as fracture of skull, and conse-(e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) VIOLENT DEATHS STATE MEANS OF INJURI Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Meastes failure." "Hacmor Always qualify all The contributory Meastes; terminal (merely (discase (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.-

		PLACE OF DEATH	00000	STATE OF M	MARYLAND
		County Moulgonery	150	CERTIFICATE	
		hannan frait fraith the training and and training and and traini	(3)		0 , 11
		m A	0.0	Registration D	ist. No. 🗻
	Vil	lage or City () luly (No. // Oula,	. Co. Sent	Lews pelward)	(If death occurred in a hospital or institu-
ate					tion, give its NAME is stead of street and
ific		2FULL NAME Bally Daily	********************************	••••••	number.)
certi		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
of	3 9	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH)	
×	4	WIDOWED. OR DIVORCED	1.0	an. 1,	, 19/5/
ions on bac	1	Null Write the word)		(Month)	(Day) (Year)
	6 1	DATE OF BIRTH	17 I HEREBY	CERTIFY, That I atte	nded the deceased from
		1-1- 1931	1 -1-31	F62 to	
		(Month) (Day) (Year)	that I last saw h	alive on	1922
Tot l	7 A		and that death occurre	d on the date stated	above, at J.30 Pm.
stri		1 day 4 hrs.	The CAUSE OF DEATH	l * was as follows:	
2		yrsmos7 /// ormin.?	0-4-5-0		3
99	(a	a) Trade, profession or	alelecta	eis	**************************************
S	100	articular kind of work	000400000000000000000000000000000000000	3 3 5 7 7 7 3 5 7 7 7 4 5 7 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
ant .		b) General nature of industry usiness, or establishment in		(Duration)	_vrsmos/da
Tr	W	which employed or (employer)	7	rematur	
odu	9 B	SIRTHPLACE (State or country)	Contributory Secondary		
=				(Duration)	_yrsds.
er)		10 NAME OF FATHER // C Y	(Signed)	Bird	M. D.,
> 09		11 BIRTHPLACE	1-21- 19731	(Address) Dand	Spring med
2	TS	OF FATHER		ase Causing Death	////
0	П	(State or country) Mouly. Co., Md.	Violent Causes, state Accidental, Suicidal or	e (1) Means of lift Homicidal.	ry Vand (2) Whether
A	AR	OF MOTHER M, I leed (Kay	18 LENGTH OF RESI	DENCE (For Hospita	ds, Institutions, Trans-
	4	13 BIRTHPLACE	ients or Recent Resi		
S	- 1	(State or Country) Montg. Oo. Wed.	At place of deathyrsmod	lower In the State	yrsmosds.
0	14.7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contract it not at place of dea h?	sted,	
0 1	14	ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or	100 0	1
len		(Informant) Harry S. Dailly	usual res.dence	L.K. Mily	AVT
ratem		m. Oleda Tud 1	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
	Electrical Control	(Address) Ottog, and	000000000000000000000000000000000000000	m.	tund, 1931
ω	15	Filedan 2 19231 P. & Barnsley	20 UNDERTAKER	V	ADDRESS.
		Registra	Wurner E. Vu	mplery	Corkvelle /h
		If more blanks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Ba	Ito., Lequesting V. S.	1.0. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term cn Compositor, Architect, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinus fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed

ansyered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of st_ted unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Uraemia, (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite discase Measles;

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1	D.

1PLACE OF DEATH

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 216

St.:	Wa

(if death occurred in a hospital or institu-

2FULL NAME Louis a Dellwig	tion, give its l'AME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WARRIED, WIDOWED. OR SHORE ED (Write the word)	16 DATE OF DEATH 21, 1931
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw home alive on 1976,
	and that death occurred on the state stated above, at 2 m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (state or country) Yermany	Contributory Secondary (Duration) (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER C. C	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, it not at place of dea h?
(Informant) Louis a Dellwig (Address) 1913-37th St World DS	Former or usual residence
Registration	, 16 W. Saratogalt., Balto., Lequesting V. S. No. 1.

No. 1 02

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomolive engineer,

s. inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same dise se. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebra to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pncumonia, Bronchopacumonia ("Pneumonia,

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; tolanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory

permanently filed. answered in detail, it will prevent further correspondence. All the data as exsential and must be obtained before the certificate is It is certificate is looked over thoroughly and all questions

V. S. No. 1

PLACE OF DEATH	60672 STATE OF MARYLAND	
County Montg	CERTIFICATE OF DEATH	
	93-8 Registration Dist. No. 217	
Village or City Boyds (No.	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a	
2FULL NAME John Henry Duffin	number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male COLOR OR RACE SINGLE. MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decease from	
April IO , 1876		
(Month) (Day) (Year)	that I last saw h alive on 192,	
7 AGE [If LESS than		
54 yrs. 9 mos. I4 ds. or min.?	The CAUSE OF DEATH * was as follows	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos	
9 BIRTHPLACE (State or country)	Contributory Secondary	
1 10 NAME OF	(Signed) (Duration) yrs mos M.	
FATHER Henson Duffin		
0 11 BIRTHPLACE	192) f. (Address)	
Z (State or country) Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of Mother Mittie Forman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trai	
13 BIRTHPLACE OF MOTHER Ma	ients or Recent Residents) At place	
(State or Country)	of death yrs mos ds. State yrs mos where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
(Informant) Mrs John Duffin,	usual residence	
(Address) Bovds	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	Boyes Jan 27 19 3	
Filed Jan 26 19231 Am Endervis Registras	20 UNDERTAKER Jackness Jackness	
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, Architect, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid 10 cough; intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH

County Montgomery

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Village or City Silver Spring (No.

Gist

St.: Ward)

(If death occurred in

a hospital or institu-tion, give its NAME in-stead of street and number.)

2FULL NAME Margaret Q. Engel

	emale 4	White				
6 1	DATE OF BIRTH	1				
		Mar	ch (Month)) (Day)	, 1.877 (Year)
7 /	GEE	3yrs.	10	mos	6d.	If LESS than I day hrs. or min.
P (I	Trade, profes articular kind of b) General naturusiness, or esta which employed	of work tre of ind blishment	in	Hou	ısewi	fe
9 E	State or count	ry) Wes	tches	ter C	ount	y,N.Y.
	10 NAME OF		ıknown			
RENTS	OF FATHER (State or co		Unkno	wn		C
PARE	12 MAIDEN N OF MOTHER		Unkno	wn		
	OF MOTHEL (State or Co	R	Unk	nown		
14	(Informant) (Address	Wil] 820	iam F	· Enge	.1	

MEDICAL CERTIFICATE OF DEATH	
January (Month) 26 (Day) 193	1931
I HEREBY CERTIFY, That Lattended the dece	ased from
Au 19 192/ to Jan 26 that I last saw her alive on Jan 26	
and that death occurred on the date stated above, at	150 "
The CAUSE OF DEATH * was as follows: Orelar al haemorrhs	ige.

Contributory 1

the

Causing Death, or of Injury deaths from (2) Whether Disease in Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. and

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death Where was disease contracted, if not at place of death?.....

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Jan. 28 . 19 31

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write Nonc. busine ..., that fact may be indicated thus; Furnicry reor given up on account of the DISEASE CAUSING-DEATH gaged in domestic service for wages, as Nervant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physicum, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Civil engineer, Stationary fireman, etc. But in many Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the -Coul mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: (*erebrospinul fener* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic.acid = probably suicide. The n ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erhaustion," "Heart failurc," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, American Medical Association.) approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonueum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic Example: Measles (disease valendar heart disease; etc. The contributory

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V. S. No. 1

PLACE	OF	DEATH	
County M	tra	Lagamen	-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2-14

St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
17 I HEREBY CERTIFY, That I attended the deceased from 193/. to
and that death occurred on the date stated above, at
(Signed) *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death?
Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Oxlinator Natl. Com. Jan. 13, 1931. 20 UNDERTAKER ADDRESS Laxnore & Pemphrouphrobardle Mills, 16 W. Saratoga St., Balto., Requesting V. 8, No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (ctanus) may be stated under the head of "contributory." approved by Committee on Nomenclature stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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	PLACE OF DEATH	00675 STATE OF MARYLAND
	County Moulaourry	(25) CERTIFICATE OF DEATH
		La Chus Hou Registration Dist. No. 2/3
	Village or City norman To charello John	
1	Village or City No. (No.)	St: Ward) (If death occurred in hospital or institu-
	2FULL NAME Sarah Janes (tion, give its NAME is stead of street and number.)
=	- OLL NAME STITUTE CONTROL	T WW 9
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
M.	remale White WIDOWED. OR DIVORCED (Write the word)	January 21, 1931
-	DATE OF BIRTH ORALD 5. 1947	(Month) (Day) (Year)
	2 2 2	Jan 2 (1923 / to Jan 2 (1925 /
	(Month) (Day) (Year)	that plast saw har alive on the 2 192
7	AGE	and that death occurred on the date stated above, at
	C d 1 G 13 I day hrs.	The CAUSE OF DEATH * was as follows:
	yrs. o mos. o ds. or min.	Tollyon
8	occupation (a) Trade, profession or	1 V 0 A X
Y	particular kind of work	V
1	(b) General nature of industry business, or establishment in	(Duration) & V via V mos de
_	which employed or (employer)	mai
9	BIRTHPLACE (State or country)	Contributory Secondary
-	I 10 NAME OF	(Duration)
	FATHER 7	(Signed) MyD.
	11 BIRTHPLACE	192 (Address) WWW (Co
H	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
D	12 MAIDEN NAME	
Ď	OF MOTHER MANUTY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place / In the
11_	(State or Country) Unformation	of death
12	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs Sarah To, Micholson	Former or usual residence. Fockulle
	10-19#5-10-06:00. n.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) A. T. D. O CRIPCLE MA	Danuslown few. Jan 23, 1931
1	Filed Van. 23 1923/ Mrs. W. J Prell-	20 UNDERTAKER ADDRESS
-	Registrar	Why Feeby rumphry Tockvells Mo
	If more banks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., whon a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, Foreman, (b) Automobile factory. The or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation not gainfully em-6) material Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic etc. The contributory valvular heart disease,

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		60677
	1PLACE OF DEATH	STATE OF MARYLAND
	County My Lightley	(133) CERTIFICATE OF DEATH
		Registration Dist. No. 214
TICATO.	Village or City Sully Sympon.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME TO VICE I LOUP	number.)
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SCR O	Penale White SINGLE, MARRIED, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Year) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	almel 9:1, 1835	January 9 1923 1. to Jan 26, 1923/
1011	(Month) (Day) (Year)	that I last saw h la alive on January
20.	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
90	7.5 yrsds. ormin.?	
00	B OCCUPATION (a) Trade, profession or	
2	particular kind of work (b) General nature of industry	Cente Myocarditis
au	business, or establishment in which employed or (employer)	Ouration) yrs. mos 2/ ds.
200	9 BIRTHPLACE O - A A C	Contributory West Cycloneflicites
	(State or country) Sovestoff, ingland	(Duration) yrs mos da,
ery	10 NAME OF FATHER	(Signed) The M. D.
מ	o II BIRTHPLACE	Jan 26192 (Address) 428 Ships Cure 4 June
5	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER W	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ienta or Recent Residents) At place In the
	OF MOTHER (State or Country)	of deathyrsds. Stateyrsds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Ethel Howlett	Former or usual readence
	1122 Per - Donis Wash.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
מומו	(Address) / 022 1445 2010 D.C.	20 UNDERTAKER ADDRESS
	Filed Can 36 1981 T. S. Mully Registre	of William Lee's Some 332 Va Cuche
	If more blanks are needed, address State Registrar	, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory

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OCCUPATION ECORD PERMANENT EXACTLY. ciassified v properl ACE supplied. certificat Jo. back terms, pinoy 0 Information of Inford Inst WRITE See Item 0 mportant. Ld Every ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/6 Ilt death occurred is a hospital or institution. give its NAME Instead of street and number. T PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE MARRIED. WIDDWED. (Month) ORDIVERCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. was as follows: yrs. mos.ds. OR 7 a of aucus BOCCUPATION (a) Trade, protession, or particular kind of work. mruld (b) General nature of Industry. business, or establishment in (Duration) yrs. mos ds. which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Buration) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State yrs, mos, ds ds. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

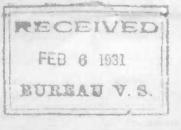
**

eated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: The

lcsis of lungs, meninges, peritonacum, etc., Carcin pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of time and eausation), using always the same aecepted CAUSING DEATH (the primary affection with respect to ("Pncumonia," "Croup";) fever (the only definite synonym is "Epidemic ecreterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubcrcu-

> genital," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERTERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. natural heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (discase eausing death), 29 ds.; For vio of

the ccrtificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



Exact

Statement of

Z

15 Filed

	00679	
PLACE OF DEATH	STATE OF	MARYLAND
County Monta	CERTIFICATI	E OF DEATH
00	Registration	Dist. No. 313
Village or City Seriles (No. 2FULL NAME Emily Catherine	St:: Ware	d) (If death occurred in a hospitul or institu- tion, give its NAME ir- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWES OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	/5'-, 19 3 /
DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	ttended the deceased from
(Month) (Day) (Year)	that I last saw h on	1230
If LESS than I dayhrs.	and that death occured on the date state. The CAUSE OF DEATH * was as follows:	d above, as m.
yrs. mos. ds. or min.? 3 OCCUPATION (a) Trade, prefession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	ficility of Contributory High arten	el Lusuf ~
10 NAME OF FATHER STATES JOCKSON	Secondary (Diration) (Signed)	Les M. D.
OF FATHER (State or country) 12 MAIDEN NAME 6	*State the Disrage Causing I'eat Violent Caus a, atate (1) Means of Accidental, Suicidal or Homicidal.	
C. OF MOTHER CELLEN 11, LOG	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	
OF MOTHER (State or country)	VI W.	he taleyrsmosds.
14 THE ABOVE IS THE TOTHE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(informant) Isluain Albert Green	Former or usual residence	
(Address Jermantoren Mo)	Manlimatura	Jun 18 1908
15 0 / F 1 2000 12.	20 UNDERTAKER	ADDRESS
Filed John 193 Registres	C. N. Vario	Poolesville

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more precise specification as way taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer. Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, report specifically the occupations of persons envnor, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same discase. Examples: Cerebrospinal BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis-Lobar pneumonia, Bronchopneumonia Typhoid fever (nover report "Typhoid Pneumonia"; (the only definite synonym is "Epidemic cerebro-("Pneumonik"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease letunus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases causing death), 29 ds.; Bronchopmeumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage cough; Chronic etc. vahrular Nomenclature of the The contributory heart disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions A Ithe

No. 1

PLACE OF DEATH

083300

STATE OF MARYLAND CERTIFICATE OF DEATH

....Ward)

Registration Dist. No. 2

(If death occurred in a hospit d or institu-

tion, give its NAME i. -

u fr.	number.)
MEDICAL CERTIFICA	ATE OF DEATH
16 DATE OF DEATH	12, 1931
	(Year)
192 to	, 192
that I last saw halive on	, 192
and that death occurred on the date. The CAUSE OF BEATH was a follower for the cause of the caus	0
Contributory Mither in Secondary Duration (Signed).	
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	Hospitals, Institutions, Trans In the State
19 PLACE OF BURIAL OR REMOVAL Damascus lle 20 UNDERTAKER	m. Date of Burial

If more bianks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serront, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not raid Housekeepers who receive a worked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter. or At Home, For many occupations a single word or term on Farm loborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman. For persons who have no occupation (b) Automobile factory. The and children, not gainfully em-(6) material engineer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meusles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably smeide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data of essential and must be obtained before the certificate is upermanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3 (If death occurred in a hospital or institu-Ward) tion, give its NAME is -stead of street and Gresting Hawken number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCE (Write the word) I HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. was as follows: ds. or min.? rastro-Estereles ur OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DA .. (Duration). D W 10 NAME OF 1925 (Address) *State the lisuse Causing Death, or, in death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE in the At place OF MOTHER of deathyrs.....mos......ds. (State or Country) Where was disease contracted. if not at place of dea.h?.. Former or usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association:)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Luborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. tired 6 business, that fact may be indicated thus; Farmer or given, up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material single word or term on Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of Cause of the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: *Crebrospinal fever** (the only definite synonym is "Epidemic cerebrosy, and meningitis"); *Diphilaria** (avoid use of "Croup"); *Sylmal meningitis"); *Diphilaria** (avoid use of "Croup"); *Typhoid fever** (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia** ("Pneumonia,");

"Ezhaustion," "Heart tattus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, discases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease valvular heart etc. The contributory ", etc.), "Dropsy, Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

County Montage	(3) CERTIFICATE OF DEATH
	Registration Dist. No. 2/2
Village or City Bathanda (No	St.: Ward) St.: Ward) (If death occurred in the property of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	A 16 DATE OF DEATH JOSE 2 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Yes	I HEREBY CERTIFY, That lattended the deceased from
7 AGE If LESS t 1 day	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Chronic methodity Cut G. Contributory Contribu
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER The state of	(Signed). M. I. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of death
(Informant) Frank Idenley (Address) Bothooda ma	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLOTON C., Maryland DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

FOR

MARGIN RESERVED

H UNFADING INK-THIS

ation should be carefully supplied CAUSE OF DEATH in plain terms

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enborer, Form laborer, Laborer—Cool mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the present of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonacum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the bead of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be ses important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1

PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. WIDOW		00683
Village or City Dellatille (No. St.: Ward) a foogstell or inself congress of a foogstell or inself congress of street and another) street another street another) stre	PLACE OF DEATH	STATE OF MARYLAND
Village or City Blath Mr. (No. Sti. Ward) 2FULL NAMED & SAIR F. 1239 & The Johnson Street and the plant of expect and street and st	County Mulgomen	CERTIFICATE OF DEATH
Village or City Blathwill (No. St.: Ward) 2FULL NAMED E SAIG FILZ G STATE OF LOGICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE. MARRIED MARK 19 WHO DIVERCED (Write the word) 8 DATE OF BIRTH TO MARK 19 Will St. Mark 19 Will St		(23) Registration Dist. No. 2/2
PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE Since to which would be a compared on the date of th	Village or City Bealtwille (No.	St.: Ward) (If death occurred in
SEX 4 COLOR OR RACE SARRIED MANIEUM (North) (Day) (Year) ARRIED MARRIED MONTES (Wite the word) OD DIVORCED (Write the word) (Month) (Day) (Year) IT HERBY CERTIFY, That I attended the deceased from 1 lday has. I HERBY CERTIFY, That I attended the dec	2 FULL NAME DESSIE E, 1239 be	the follows stead of street and number.)
MARRIED WOONED LAND (Month) (Day) (Year) 6 DATE OF BIRTH WWING the word) 7 AGE If LESS than Iday hrs. Id	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE If LESS than 1901	MARRIED, Married WIDOWED. Married	(Month) (Day) (Year)
and that death occurred on the date stated above, at 200 from I day hrs. or min.? The CAUSE OF DEATH * was as follows: PLANTING OF DEATH * was as follows: P	6 DATE OF BIRTH 2015 MANNES 1140 1991	
Iday hrs. moa. q ds. or min.? B DCCUPATION tall of work	(Month) (Day) (Year)	that I last saw h Malive on Mr 1975, 1975
B DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed AND 2 1928 MAN OF ALLEMAN 15 Filed AND 2 1928 MAN OF ALLEMAN 15 Filed AND 2 1928 MAN OF ALLEMAN 16 OUNDERTAKER ADDRESS ALLEMAN 20 UNDERTAKER ADDRESS ALLEMAN ALLEMAN ADDRESS ALLEMAN ALLEMAN ALLEMAN ALLEMAN ADDRESS ALLEMAN ALLEM		
Tarticular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) S BIRTHPLACE (State or country) OF FATHER OF FATHER OF FATHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Informant) (Informant) (Address) 15 Filed 15 Filed 15 Filed 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (In		
(b) General nature of industry business, or eatablishment in which employed or (employer) BIRTHPLACE (Nate or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (Nate or Country) 13 BIRTHPLACE OF MOTHER (Nate or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Lack Country (Address) Lack Country (Address) Lack Country (Informant) (Address) (Address) (Address) (Address) (Informant) (Address) (Add	(a) Trade, profession or time of the	
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 11 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (Nate or Country) (Informant) (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed (Address) Contributory Secondary (Signed) (Address) (Address) (Address) (Duration) (Address) (Address) (Address) (Address) (Duration) (Address) (Add	(b) General nature of industry	3
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(Address) Beallsville 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BU	1-0-4/01	Former or usual residence
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Filed Joon 2 1831 Mrs. Wellow Heury Davie Prolesville	(Address) Sealth UCL	11t 210n Jany 4. 1930
If more b.anks are needed, addre.s Ltate hegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		Heury Davie Prolesville
	If more banks are needed, address tate hegistre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, cspecially in industrial employments, it is necesthe first line will be sufficient, e g., Farmer or Flanter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, gaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia derebrospinal menin_itis"); Diphtheria (avoid use of "Croup"); s. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pramonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature carbolic acid-probably suicids. The nature of the injury, Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X resulting from childbirth or miscarriage as Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDIN

PLACE OF DEATH	00684 STATE OF MARYLAND
County Monlyonny	CERTIFICATE OF DEATH
County	(19)
5	Registration Dist. No. 2/8
Village or City 14 3 m (No No No No Village or City 14 2 mm (No No	St.: Ward) (If death occurred a hospital or instit tion, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jau 3-, 193/ (Month) (Day) (Year)
S DATE OF BIRTH Jan 24, 1875	17 I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year)	that I last saw h 2 alive on 4 1901
56 yrs. // mos. / 2 ds. ormin.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Diabeter
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs, mos d
9 BIRTHPLACE (State or country)	Secondary (Durstion) ytte mos 2 d
10 NAME OF ATHER Oliver Cook	(Signed) / Dyean M. I
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME of MOTHER Parale Cook	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death
(Informant)	if not at place of dea.h?
(Address)	Bush Pork Cemetery Hound of Mr. 7. 1937
Filed Jun 4 19231 Charnsles Registrar	Group Inowder Corkrille
If more banks are needed, address thate Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-., etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral spinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need Nomenclature not be

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RESERVED

ARGIN

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Physician, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinut fever (the only definite synonym is "Epidemic cerebrospinul spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was understated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory

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EB 6 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward)

tion, give its NAME innumber.)

MEDICAL CERTIFICATE OF DEATH

192. I HEREBY CERAIFY, That I attended the deceased from stated above, (Durstion)

*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

lf more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many -tas

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

data is essential and must be obtained before the certificate is

permanently filed.

answered in detail, it will prevent further correspondence.

Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "(E.haustion," "Heart Land," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Ezhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; Chronic valvular heart Example: Measles (disease "" "Coma," "Convulsions, etc. The contributory disease;

45	1PLACE OF DEATH
PHYSI-	County Jan 1
CORD EXACTLY, iy classified	Village or City Olvey (No
Stated E properly of certific	PERSONAL AND STATISTICAL PARTICULARS
800	That Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)
BINDING PERMAN should be tit may be	6 DATE OF BIRTH
OR BI S A PE ACE sh that it	(Month) (Day) (Year)
ш	7 AGE If LESS than I day hrs. mos. ds. or min.?
IN I	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)
MARGIN RES UNFADING IN ould be carefull of DEATH in pie	9 BIRTHPLACE (State or country)
UNF UNF buld I	10 NAME OF STATHER Of Sel
AITH WITH	UN HERTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE STATE
matlon e CAU	of MOTHER Edmonia Sway les
f Inform d state	13 BIRTHPLACE OF MOTHER (State or Country)
o I o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
WRITE Every item	(Informant) SMONIA TEL
No. 1	(Address) Jerustes
ž	Filed un 13 1923/ Charnsley

00689 STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No. 217.

St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

16 DATE OF DEATH	1-10	2-31	192
	(Month)		
	RTIFY, That I at		
1-12-21	192 . to /	-12-3	1, 192
that I last saw h MAL	Till .	4/2-	-3 red
that I last saw n /	**************************************		-315
and that death occurred	on the date state	d above, at	/m
The CAUSE OF DEATH *			
	Barbara Comment		
	WINDER		
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Contributory Secondary	out Dy	ALO Internet	
\.	(Duration)	yrsn	nosde
(Signed) Coyun	ulleso	1	
1 12 - 1923/1	0	1 1 1	- 1
*State the Disease Violent Causes, state Accidental, Suicidal or H	Causing Death (1) Means of Comicidal.	n, or, in dea Injury and (2)	ths from Whether
18 LENGTH OF RESIDE		pitals, Institut	ions, Trans
At place of deathyrsmos	ds. In the	ne lateyrs	mosd
Where was disease contracte if not at place of death?	d,		
Former or usual residence	******************************		
19 PLACE OF BURIAL OF	REMOVAL	DATE OF	BURIAL
MAT 2:00	10.7	1118	, 193/
1111 Mary	Comeray	VADDDESS.	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

County ////////	CERTIFICATE OF DEATH
1.11	Registration Dist. No. 23
Village or City Rocknille(No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME Instead of atreat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 198/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192
80 yrs. 6 mos. 0 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 7 Maryland	Contributory Sacondary (Duration) yrs. mos. ds. (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Manyland,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER Mary lound,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recant Residents) At place of death yrs ds. State yrs ds. ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Informant) Mis flechalises (Address) Alms Joseph.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed Van. 26 1923/ Mrs. Vall Registrar	Horner to humpholy & abselle

V. S. No. 1

CIANS sho

WRITE PLA

Information should be carefully supplied. ACE should be stated EXACTEY, PHYSI-state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK--THIS IS A PERMANE

CORD

PLACE OF DEATH

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (o) Solesman. nature of the husiness or industry, and therefore an business, that fact may be indicated thus; Farmer (ne Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal (fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart discose; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

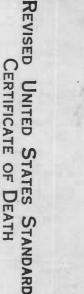
MARGIN RESERVED

V. R. No. 1

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK---THIS IS A PERMANE WRITE

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PLACE OF DEATH	CERTIFICATE OF DEATH
County Montgomery	(15) Registration Dist. No. 2//
Village or City Hear Kemptown (No. 2FULL NAME Barney O. Ly	St.: Ward) (If death occurred im a hospital or institution, give its NAME irestend of atreat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deseased from
6 DATE OF BIRTH LINKROUM (Month) (Day) (Year)	that I inst saw h alive on 192 and that death occurred on the date stated above, at 1/30 4 m.
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows: A cute also holism. I did not see deseared until
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) O yrs Q moo 2 de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER THE PROPERTY AND PUBLISHED	(Signed) (Address) New Warset Md
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Bospitals, Inetitutions, Trans
13 BIRTHPLACE OF MOTHER (State or country) Mary and	ients or Recent Residents) At place
(Informant)	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Par N Blade - Cerretery Jan. 20, 1981
(Address) Maria Della M. Beall Briled Jan 20 1921 Della Registra	20 UNDERTAKER H. M. Snyder Mtary Md Mtary M
If more bianks are naeded, address Etate Registra	ir, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou shold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman, nature of the husiness or industry, and therefore an Circl engineer, Physician, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fillness of various pursuits can be known. ...tion is very important, so that the relative health report specifically the occupations of persons en-Foreman, to know For many occupations a single word or term on especially in industrial employments, it is neces-37.8). Farm laborer, Loborerwithout more precise specification as Doy Compositor, of Occupation-Precise statement of oc-For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Architect, -Coal mine, etc. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal few (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fewer (the report "Typhaid Theumonia"); Loba putum real Branchagness and "Theumonia"; Loba putum real Branchagness and "Theumonia";

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permanently filed.

inges, perilonaeum, etc., Carcinoma, Sorcoma, atic), "Atrophy" "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus." "Old Age." "Shock!" stated unless important. Example: Measles (disease "PUERPERAL septicuemia," "TUERFERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 dx.; Bronchopneumonia (secondary), (secondary III this certificate is I oked over thoroughly and a I qu tions approved (elanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsia, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Ursemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of (name origin: "Cancer" is less definite; avoid Inanition, "Tumor" Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitual nephritis, by Committee on Nomenclature cough"; " "Marasmus, or intercurrent) is indefinite); for analignant neoplasms); Chronic Tuberculosis of lungs, men-The nature of the injury, etc. affection nced valvalur heart " Old Age, The contributory "Shock," Meastes; not be disease; etc., of death

B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMAN

MARGIN RESERVED FOR BINDIN

V. S. No. 1

WRITE

u .	00000
PLACE OF DEATH	STATE OF MARYLAND
County Mortgoney	CERTIFICATE OF DEATH
	Registration Dist. No. 2/4
Village or City Silver Smarker of	11 Source of Jan. 131-1) (If death occurred in
2 FULL NAME mus Elva m3	a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Fluide White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
June 24 , 1964	yan 12 1981 to your 24 , 1981.
(Month) (Day) (Year)	that I last saw her alive on fam 23, 1951,
7 AGE	and that death occurred on the date stated above, atm.
l day hrs. l da. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION	Michael Broudes premoura
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) vre mos Z de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) vrs. mos. ds.
10 NAME OF	(Signed) / Marian Zaulyheed M. D.
FATHER Dr. Durie J. Jersey	Gara 124 1971 (Address) July oping ind,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER LINE Released with	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER /	At place 3 yrs. 4 mos. ds. In the State yrs. mos. ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS WAS TO THE BEST OF THE BEST OF	Former or
(Informant) Man Y. John week	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address Defree & Bring My	Washington R. C. Jan 24 . 1931
Filed Jan 24 1931 F. E. Wudling	Martin W. Hysong Co. 1300 N. al. nw.
If more blanks are needed, addre. State Registra	r, 16 W. Saratoga St., Barto., Requesting V. S. No. 17/ach hl.C.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who rcceive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Foreman, or For many occupations a single word or term on Farm laborer. Laborer-Coal minc, etc. At Home, and children, without more precise specification as Day For persons who have no occupation (b) If the occupation has been changed Automobile foctory. The not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE "NUSSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) American Medical Association.) perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic valvular heart Example: Measles (disease affection need etc. The contributory Always qualify all not be discase;

If this certificate is looked over thoroughly and a'l qu-stinns answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH

Registration Dist. No. 2

2FULL NAME Edmund	
PERSONAL AND STATISTICAL PART	TICULARS
A COLDE DE BACE SINGLE,) IS D

(if death occurred in a hospitel or institu-tion, give its NAME in-stead of street and number.)Ward)

	2F(JLL NAME	Elm	un	1 P	13. M
	PERSO	NAL AND	STATIST	ICAL	PARTIC	ULARS
3 9	m	4 CDLDR	DR RACE	MA WII	RRIED. DOWED. DIVORCEI ite the word	na /·
6 [ATE OF BI	RTH				
		************	(Month))	(Day)	, 1861 (Yesr)
7 4	GE	69 yrs.	8	mos.	70 d	If LESS that I day hre
7 p	usiness, or		in	**********		• \$0 *** ***
	10 NAME	0 0	n m	11 4		
RENTS	11 BIRTHE DF FAT (State	LACE"	m	1;		
PARE	12 MAIDE DF MD		nh			
	13 BIRTH OF MOT (State		mt	٤		
14	THE ABOVE	e is true to	THE BEST	r of h	Buya	

MEDIC	AL CERTIFICA	TE OF DEAT	н
16 DATE DF DEATH	//4/ (Month)	/	., 193/
17 I HEREBY			
that I last saw h 4	192. to		, 1925/,
that I last saw h &	naive on	1.31	, 1923/,
and that death occur			
The CAUSE OF DEA	TH * was as foilor	we:	
Tolume	myoc	udeli	2
Contributory Secondary			
(e:d)	(Durstion)	Jyre	mos. 2de.
(Signed)	(Address)	and of	2
*State the I Vlolent Causes, s Accidental, Suicidal	Disease Causing I tate (1) Means or Homicidal.	Death, or, in of Injury and	desths from (2) Whether
18 LENGTH OF RE	SIDENCE (For		

ients or Recent Residents)	
At place of deathyrsds.	In the Stateyrsmosd
TYPI 1°	

Where was disease if not at place of death?

usual residence 19 PLACE OF BURIAL OR REMDVAL

mion Cene/	Burlousvell
20 UNDERTAKER	

DATE OF BURIAL

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registrar

uld be stated EXACTLY, P nay be properly classified. back of certificate.

CORD

BINDIN

FOR

UNFADING INK--THIS MARGIN RESERVED

nation should be carefully CAUSE OF DEATH in plai

CIANS shout Statement of

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Filed

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tired '6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrod spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia;")

> approved by Committee on Nomenclature American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," war assum, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," (secondary Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease, (name origin; "Cancer" is less definite; avoid lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol or intercurrent) affection need not be etc. The contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH

• •		-	•	•	-		_	•		_	-	ľ
_						Die			1	1		6
R	80	int	FR	116	m	Die	It.	No	 1	1		1

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(If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

MARRIED. Man WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 4 , 1931
S DATE OF BIRTH (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased from 193/. to 124, 193/., 193/., (Year) that I last saw h Malive on 24, 193/.,
	ESS than and that death occurred on the date stated above, atm. ayhrs. The CAUSE OF DEATH * was as follows? The CAUSE OF DEATH * was as follows?
(a) Trade, profession or particular kind of work (b) General nature of industry	+ Bullocks dess to Uppour
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary

(Signed) FATHER 1925/_ (Address) 11 BIRTHPLACE PARENTS OF FATHER *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. Causing Death, or, in of Injury and (2) Whether (State or country) 12 MAIDEN NAME

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

of deathyrsds.	In the State yrs. mos. de
Where was disease contracted.	

(Durstion)

if not at place of death? Former or usual residence.

1 Street of the off	EMONS !
15000	10 mal

ADDRESS

DATE OF BURIAL

properly classified of certificate. CORD back that H UNFADING INK-THIS be car Should I ATION CUP WRITE Every it CIANS stateme

10 NAME OF

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

(Informant

15 Filed

BINDING

MARGIN RESERVED

PLACE OF DEATH

Registrar

If more bianks are naeded, address State Registrar, I6 W. Saratoga St., Balto., Requesting V. S. No

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Form laborer, Loborer-Codl mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railwoy train (Recommendations on statement of cause of Never report mere symptoms or terminal condior intercurrent) affection need Committee on Nomenclature of the Chronic volvular heart disease; etc. The Always qualify all contributory

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fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, neer, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia For many occupations a single word or term of or At Home, and children, not gainfully em-

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American Medical Association.) approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railmay train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinonia, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be Chronic valvular heart disease; etc., of

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(N)	PHYSI-	
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9	S A PERMANENT RECORD	pe s ec	k of certif
R BINDING	PERMA	should	e on hac
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PLACE	OF	DEATH	
County Ma	nto	lowerd	_

00696 STATE OF MARYLAND CERTIFICATE OF DEATH

County M	ontdomend	(31) Registration Dist. No. 214
	LL NAME Mrs. Emma F. Milburn	tion, give its NAME in-
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female	4 COLOR OR RACE SINGLE. MARRIED. White OR DIVORCED (Write the word)	16 DATE OF DEATH January 7 1981 (Year)
6 DATE OF BIF	Tune 4 , 1850 (Month) (Day) (Year)	that I last saw har alive on the last saw ha
7 AGE	To yre. 1 mos. 3 ds. or min	S. The CAUSE OF DEATH * was as follows:
(Informan	rofession or and of work. Anature of industry establishment in yed or (employer). Equation C. Chapman LACE HER Or country) Chili, S.Q. NAME HER ON NAME HER ON NAME CHER O	(Signed) *St. to the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For tiospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. In death or, in deaths from State (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. Where was disease contracted, if not at place of death? State of death or State of Death of Burial Or Removation (1) PLACE OF BURIAL OR REMOVATION DATE OF BURIAL OF BUR
15 Filed		20 UNDERTAKÉR ADDRESS INC 4 Pa ave

If more beanks are useded, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farrer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken Housemaid, etc. household only (not paid Housekeepers who receive a Physician, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomotive engineer, But in many 9 material Grecery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasnius, atic), "Atrophy." "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (diseaso inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be approved by Examples: Accidental drowning; Struck by railway train Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death g cough; Chronic interstitial nephritis, Committee on " " Old Age, valvular heart etc. The contributory Nomenclature diseasc;

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	PLACE OF DEATH	00697 STATE OF MARYLAND
	County Mantagare	CERTIFICATE OF DEATH
	of for tax x	Registration Dist. No. 214
	Village or City Silver Stree No. 8/08	ward) (If death occurred in a hospital or institu-
	2 FULL NAME Bernard t'n	ancia Morrey tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Whate Single, Married, Widowed Windowed (Write the word)	16 DATE OF DEATH JAM 2 , 19837 (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HERBBY CERTIFY, That Lattended the deceased from
	april 7, 879	Jan 20 1923 1. 10 Jun 2 1, 1923 1.
	(Month) / (Day) (Year)	and that death occurred on the date stated above, at 9 100 m.
	I dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	Chronic Valvular Heart
4	a) Trade, profession or	Hisease (mitral and anti
	particular kind of work Avan Vannus (b) General nature of industry	Insufficiency!
	business, or establishment in	(Duration) yrs. 6 mos de.
	which employed or (employer)	Contributory acret Branchet
	S BIRTHPLACE (State or country)	Secondary (Duration) yrs mos / 5 ds,
	10 NAME OF FATHER	(Signed) A. H. Hrolet M. D.
	HEIRTHELACE Morney	Jun 221923 (Address) 928 slips ans
	OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
	of MOTHER annie Herlingt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER MAY A	At place in the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
1	To O To O	Former or
4	(Informant) Ms 13 Morrely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Silver Spring, hid	Relington Rational Cay Jan 24, 1931
	Filed Jan 22 1921 J. E. Wudluch Registrar	20 UNDERTAKER Pringhey Pockvells
	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

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> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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BURKAU V. S

TIN .	sl-		1 PLACE	OF DEATH			00698			ARYLAND
	PHY.	Co	ounty M	rontgo	meny		93-0	CERT	IFICATE	n 111
	fled			7.6.		931	18 stanto	wel	Registration	
ORL	ACTL lassifi e.	Villa	ige or City.	Jakon	(No.	E CO	Nonwoller	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in-
Ö	EX riy ol float		² FULI	L NAME HO	ward	Ellse	worth /	run	My	stead of street and mumber.)
L	stated EXA properly cla f certificate	_	PERSON	IAL AND STATIST	ICAL PARTICU	ILARS			RTIFICATE	OF DEATH
1	of of	3 81	EX	4 COLOR OR RACE	E SINGLE, MARRIED, WIDOWED	Michour	16 DATE OF DEA	Jai	my . 1	1 1931
G RMA	uld bay	ori	rale	White	OR DIVORCE	ED ord)	17 I HEREB	Y CERTIF	(Month) FY, That I att	(Day) (Year)
DING	sh tit	6 D/	ATE OF BIR	TH		dan	Sept 15		231., 60.	ute ,192 31
BINDIN IS A PE	ACE tha tion			(Mont)	b) (Day)	, 188 V	that I last saw h			d above, at 11,415 m.
~ 0	ied ACE s so tha struction	7 AG	E	10	07	If LESS than	The CAUSE OF DE			4
FOF THI	in an	7	 CCUPATION		mos 13 ds.	or min. ?	10 my	oca	TO CAL	las - renal
VED INK-	Sol	# (a) Trade, pro articular kind	fession or Ela	ctrici	sa	ai	lea	20)	
K 0	refull n pla	(b) General na usiness, or e	ature of industry	Genera		80	w	(Duration)	утв
RESE	e car TH in mpor		hich employ RTHPLACE (State or o	ed or (employer)		7)	Contributory Secondary			9
GIN	DEAT		1 10 NAME O	Johns	lown,	u·	*	Fait	(Durstion)	yrsds.
RG TH	hou OF L		FATHE	" alex n	rushlu	V	(Signed)	31. (Add	ress) Wil	shurton
35	USE	RENTS	11 BIRTH	PLACE THER or country)	wstoron	Pa	*State the Violent Causes	Disease (Jeans of In	, or, in deaths from ury: and (2) whether
7	DAUS!	4	12 MAIDE		moos	9	Accidental, Sui	RESIDEN	CE (For Hosp	oitals, Institutions, Trans-
	inform state c	٩	18 BIRTH		7,7000	0	At place of death yrs		In th	e te,yrsmos. de.
a a	0 0	1 1		or country)	BEST OF MY KN	OWLEDGE	Where was disease co	ntracted,	, p. 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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3	Every i		(Addr	23 het	Laleran	au.	OF TACE OF BU	RIAL OR	REMOVA	LOAA 17 19 21
No.	CIA State	15	+	Ja	koma,	nd	20 UNDERTAKE	R	40	ADDRESS
vi	63 		Filed Sa	M (19\$\	Deply	Rezident	W.gr.C.	iam	tus	1400. Chopin & . W.
(T)			if more blanks are	needed address S	tate Registrar.	of W. Saratoga S	Lund	Requesting 1	7. 8 No. L

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(Approved by U. S. Census and American Public Health Association.)

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Assecance of Cause of Death—Name, first, the pis-Lase Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Observable, fever (the only definite synonym is "Epitemic certiprosplinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid incumenta"): Lobar pneumonia, Bronchopneumonia ("Pasumania,"

> ment of cause of death approved by Committee on head of "coutributory." quences ture of the injury, as fracture of skull, and conse-"Purreral septicaemia," "Puerpural peritonitie," etc. Nomenclature of the American Medical Association.) diseases resulting from childbirth or miscarriage as train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," Powoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Whooping cough; (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart discase; (Recommendations on state-"Anaemia" by railway Measles; (second (merely

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Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING PERMAN ITH UNFADING INK--THIS IS A WRITE PL

PLACE OF DEATH	00699 STATE OF MARYLAND
County Mankan May	CERTIFICATE OF DEATH
	Registration Dist. No. 214
Village or City Thite Off (No. ANNWA)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME / LLY ON / GMIN	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 10 1842	8/ 1/px 19 1930. to an / 1931,
(Month) (Day) (Year)	that I last saw h And alive on And Man 193 193
7 AGE If LESS than	and that death occurred on the date stated above, at 8. 1. m.,
88 yrs. 10 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or	Mahniha Amonic walkelites
particular kind of work	7 / / / / / / / / / / / / / / / / / / /
(b) General nature of industry business, or establishment in	(Duration) yrs / mos ds.
which employed or (employer) What a de name with	Contributory MASCARALLO, Chronis
9 BIRTHPLACE (State or country) Markington & Co	Secondary (Durstion) 29 pro gnos ds.
10 NAME OF FATHER PAUL ON HEMPY-	(Signed) M. D.
o 11 BIRTHPLACE . A TB!	MM J 192 f. (Address) NdMille Agentify Ille
C (State or country) Mule LIMM & Ma	*Stato the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER SMITH SUSAN MATILE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER 13 AIL	At place In the
(State or country) any son Ma	of deathyrsds. Stateyrsds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Margarah M. Nay lot.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mule bax.	Thashmiston, 10 C. 1/21 . 1031
Filed Jan 20 1931 JE Dudling Detur Region of	Thrall atten Hash in C.

If more blanks are needed, addre, Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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10 a.m. Med.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer—Coat mine, etc. wouner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, For many occupations a Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cere prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railwoy train-(secondary Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) MEDICAL CERTIFICATE OF DEATH That I attended the deceased and that death occurred on the date stated above (Duration) Violent Causes, state (1) Means of Injury and (2) Whether AB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the State

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-For many occupations a single word or term on yrs). For persons who have no occupation (6) The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1

BINDING

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retire if from whatever, write None. buriness, that fact may be indicated thus: Farm or given up on account of the DISELSE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered a: Housewife, House work, or At Home, and children, not gainfully emon at home. laborer, Furm laborer, Laborer-Ccal mine, etc. Womworked on may form par. of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc 8 Wrs.). For persons who have no occupation For many occupations a single word or term on without more precise specification as who are engaged in the duties of the As examples: (a) Day

Typhoid fever (never report "Typhoid incuminia") spinal meningitis") : Diphtheria (avoid as: of "Creup") fever (the only definite synonym is "Epidemic extense ed term for the same disease. Examples: Cerebe to time and causation), using always the same Lobar LASE CAUSING DEATH (the primary affection with Busiement of tunse of Death-Name, first, the pneumonia, Bronchopneumonia ("Pueumania, DER GAL resher cent-07 07

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ende. All the data is contained the certificate is permanently filed

tions answered in de'all, it will prevent further correspond

All the data is essential and must be obtained before

ment of cause of death approved by Committee Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Possoned by carbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal sopticaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal vulsious." causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be If this certificate is looked over thoroughly and all ques-Whooping cough; Chronic valvulur heart disease; -accident; Revolver wound of head-homicide; For "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY Example: Mensles "Anaemia" "Coma," Measles; (second-(merely (discase "Солetc.

N.B.

PLACE OF DEATH County Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 217
Village or City Maly Monthsonery Com 2FULL NAME Roland D. Can	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married Widowed, Married (Write the word)	16 DATE OF DEATH 18 DATE OF DEATH 1923/ (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw ham alive on fally 2 1.1., 1921.
7 AGE 64 yrs. 9 mos. 25 ds. or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary Gila Teral Extra Palenniania Mos Social Secondary Contributory Contributo
10 NAME OF FATHER DEPARTUS B. PARK. 11 BIRTHPLACE OF FATHER (State or country) Derrious	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of death
(Address) (Address) Filed M. 24 19#8/ CS Barusley Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUT

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Never return". Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. " etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the DIEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary Whooping American Medical Association.) approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Always qualify all

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	- o o		PLACE OF DEATH		STATE OF	MARYLAND
	A	Coun	ty Moutgoul	ry	CERTIFICAT	E OF DEATH
	LY. PHYSICIANS Exact statement of	Villa	ge or City Bettlesd	a (No. 198, P.)	Registrative Ward	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	ACT ed.		2 FULL NAME CONT	V.		
1	本 定 定		PERSONAL AND STATISTICAL		MEDICAL CERTIFIC	ATE OF DEATH
0	Stated riy clas	M	Male Ole WIE	BRIED Idamor DIVORCED ite the word)		. 3/, 193/ (Day) (Year)
0 Z Z	PERMA ould be e prope	6 DA	TE OF BIRTH (Month)	8 th, 1844	fair 26, 193/, to	Jack 3/-, 193/
E O	IS IS A AGE she it may be	7 AG		1 day. — hrs. 2 ds. OR — min.?	and that death occurred on the di	4.
0	plied.	bsi (a	CUPATION Trade, profession, or Retired	farmer	Proudus	nteremoura
アスト	fully sup terms, s struction) bus	General nature of industry incess, or establishment in agric ch employed (or employer)	enture	- V 1	ation) yre mos. 7 ds.
M M	NFAI are ain e in		RTHPLACE (State or country) Virginia	ia	Contributory Secondary	
T.	d be a lin pli		10 NAME OF Born a slav	e	(Signed) Mueller	alion)
THE STATE OF THE S	should be portan	PARENTS	11 BIRTHPLACE OF FATHER (State or country)	úa (*State the Disease Causing Dra Causes, state (1) Means of Injury	TH, or, in deaths from Violent and (2) whether Accidental,
Z (mation E OF D	PAR	13 BIRTHPLACE	a Varker	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSP OR RECENT RESIDENTS)	
	infor CAUS N is v		OF MOTHER (State or country) RE ABOVE IS TRUE TO THE BEST OF E	W KNOWLEDGE	Al place of deathyrsmoads. Where was disease contracted, If not at place of death?	in the State,yrsmos,ds.
	item of state of	0	(Informant) alie & 34	olmes.	Former or . usual residence	,
	Sould	15	(Address) 198 Ruglin	4 augy	19 PLACE OF BURIAL OR REMOVAL	Tel 4, 193/
S. No.	(1)°	File	Jan 31. 1937 Be	y C. Perry	20 UNDERTAKER Snowles	ADDRESS Raylle
0	2		¹ f more blanks are need	and address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S.	No. 1 md

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary freman, etc. But in many is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the For persons who have no occupation whatever, very important, so that the relative healthfulvarious pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

unqualified. is indefinite); Tuberculosis of lungs, menin term time and causation), using always the same accepted Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid spinal meningitis"); Diphtheria (avoid use of "Croup") CAUSING DEATH (the primary affection with respect to lever (the only definite synonym is "Epidemie cerebro Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: ("Pneumonia," pneumonia" Cerebrospina

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... or miscarriage as "Puerperal septichaemia," Always qualify all diseases resulting from child-"Coma," "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Exhaustion," "Debility" "Atrophy," report mere punoan

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER HZ (State or country) ш 12 MAIDEN NAME 01 1 OF MOTHER D 13 BIRTHPLACE OF MOTHER

(Day) I HEREBY CERTIFY. That Pattended the deceased from (Duration) Contributory Secondary (Signed).

Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place

Causing Death,

Violent Causes, state (1) Means of Injury and (2) Whether

(Address)

of death ____yrs.____mos.___ds. Where was disease contracted, if not at place of dea h?....

usual residence

I is-ase

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

deaths from

or, in

State.....yrs.....mos.

ADDRESS

If more b.anks are needed, addre. s Ltate Negistrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or

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(State or Country)

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (re to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accerted term for the same dise.se. Examples: Cerebrosphult fever (the only definite synonym is "Epidemia cerebrofs, inal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); John of the same dise.se. Typhoid Pneumonia, "Court"); Diphtheria (avoid use of "Croup"); John of the same dise.se. Typhoid Pneumonia, "Court"); John of the same dise.se. Typhoid Pneumonia, "Court"); John of the same dise.se. Typhoid Pneumonia, "Court" pneumonia, "Court pneumonia, Bronchopneumonia ("Pneumonia"); John of the same dise.se.

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," st_ted unless important. use of "Tumor" for malignant neoplasms); or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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FEB 6 19:

SING	WRITE PLALY WITH UNFADING INK-THIS IS A PERMAN T CORD	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHY CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exactement of OCCUPATION is very important. See instructions on back of certificate.	Vi
FOR BINE	S IS A PERM	ed. ACE should see that it materials on k	7
MARGIN RESERVED FOR BINDING	NFADING INKTHI	d be carefully supplied BEATH In plain terms ry Important. See Ins	9
W W	PL NLY WITH U	of Information should state CAUSE OF	PARENTS
No. 1	WRITE	N. BEvery Item CIANS sho	15

PLACE OF DEATH	STATE OF MARYLAND
County Mouly meny	CERTIFICATE OF DEATH
Village or City Jakorna Park (No. Wash San	Registration Dist. No. 223 Ward) (If death occurred in
2FULL NAME John Gibaon Pa	ward) n hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR ENORCED (Write the word)	16 DATE OF DEATH Januf 47, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH . DEL 28 1, 1930	17 I HEREBY CERTIFY, That Inttended the declined from
(Month) (Day) (Year) 7 AGE (If LESS than	and that death occurred on the date stated above, at 8,450 m.
yrs. mos. de. or min.	
B.OCCUPATION (a) Trade, profession or particular kind of work	Bronchia Inenumena
(State or country) (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manylund	Contributory Otaleilaus of lungs-
10 NAME OF Harald All Parnish 11 BIRTHPLACE	(Signed) Rayretta E Reas M. D. Jane 4. 192/ (Address) Jakonia Park md-
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Elizabeth Juban	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?
(Informant) Sanitarum Records.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Takona Park : mg	Wash. DC. Jan 67. 1931
15 Filed Jan 6th 192 26. C. Nogers Registras	John R. Wright Co. Wash. D.
If more blanks are needed, address State Kegistra	r, 16 V. Saratoga St., Balto., Kequerling V. S. ho. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, Civil engineer, Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis.

EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping eough; Chronie valvular heart disease; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swieide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ," "Coma," "Convulsions, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

PHYSI-

PLAC	E OF	DEATH	
County M	onta	emens	
	0	V	

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Takoma Park (No. 107 Gdor 2FULL NAME Reference A. Perl	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH SHOURRY (Month) (Day) (Year)
March 16. 1844 (Month). (Day) (Year) 7 AGE [If LESS than	17 I HEREBY CERTIFY, That I attended the deceased from Some 15 1931 to Som 21 1931, that I last saw IJER alive on Som 15 1991 and that death occurred on the date stated above, at 4
86 yrs. 10 mos. 15 ds. or min.?	Carlos Lilatation 3 and deed in les
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Pottland, Maine, 10 NAME OF FATHER Unknown	(Signed) W. M. A. Spanner Market St. Contributory Old Ogs - delility - fractured has been supported by the M. D. Son 31. 1931 (Address) 113: Canal St. Jahren Ch.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the Discase Causing Death, or, in deaths from Vlolent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Horace E. Perlie. (Address) 1834 Calvert St., N.W. Filed and 1931 HER Special Registral	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Wash you DC. 20 UNDERTAKER ADDRESS ALMUN R. Sheare 1623 Com AVZ.

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Batto, Requesting V. S. No. 1.

. S. No.

statement of

(Approved by U. S. Census and American Public Health Association.)

lired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write None. Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fareman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oceta., For many occupations a single word or term on Farm luborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons If the occupation has been change who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros print fever (the only definite synonym is "Epidemic cere brooks spinal meningitis"); Diphtheria (avoid use of "Croun"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopmeumonia ("Pneumonia,"

telonics) may be stated under the head of "contributory. atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Marasmus," "Old Age," "Shock," and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. taken. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondar;) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitiol nephritis, Whooping inges, perilonoeum, etc., Curcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature " Shock," disease; death

If this certificate is looked over thoroughly and all questions analycred in detail, it will prevent further correspondence. A is he data is essential and must be obtained before the certificate is permanently filed.

0	The .	STATE OF MAR
County	Montgomery	CERTIFICATE OF
	4	Registration Dist. N
Village or	City Washington (San + Hosp.	Takoma Park and want (III
o o	City 30 st St. 1 (No. 2)	tion,
200	FULL NAME Mr. Ellsworth	Persons stead
5 E	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX	4 COLOR OR RACE SSINGLE, Married	16 DATE OF OEATH
male Male	WIOOWEO.	T-20
	Hmerican (Write the word)	17 I HEREBY CERTIFY, That I attended
6 OATE OF		19/30 20
lons	December 17, 1898	that I last saw h /???alive on
7 AGE	(Storier) (Day) (Teat)	
truc	l day br	8. The CAUSE OF DEATH * was as follows:
8 18	32 yrs. moa. 2/ds. or min.	
a) Trade	profession or 7	acule affembledes
	kind of work Dental Technician	
busineas,	al nature of industry or establishment in	(Duration)yrs
	ployed or (employer)	- Contributory General Partonil
9 BIRTHPLA	- accompany)	Secondary
	TE OF Tipley, I. J.	Duration yes.
FATH		(Signed)
1 0	HPLACE ATHER ATHER	1923 (Address) // 1925 0
Sta (Sta	ote or country) Delevan 71.4	*State the I is ase Causing Death, or, i Violent Causes, state (1) Means of Injury a Accidental, Suicidal or Homicidal.
A A OF M	MOTHER Lewella Fidler	18 LZNGTH OF RESIDENCE (For Hospitals, In
13 BIRT	THPLACE	At place In the
OF M	te or Country) not known	of death yrs mos. ds. State yrs Where was disease contracted,
14 THE ABO	OVE IS TRUE TO THE BEST OF MY KNOWLEGGE	if not at place of dea.h?
(Inform	nant) Washington San. & Hosp.	Former or usual residence 43 henne pec h
		19 PLACE OF BURNAL OR REMOVAL DA
. 19	Address) Hecords, alsoma Park, md	Repley n. Ja
0 0	au 8 1981 H. E. Loger	20 UN DERTAKER . AOO
Filed	Registrai	J.B. Nevers Was
	If more banks are needed, addre.s Ltate Registr	rar, 16 W. Saratoga St., Bulto., Kequesting V. S. I.o. 1

STATE OF MARYLAND 66705 CERTIFICATE OF DEATH

Registration Dist. No. 223 Persons (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF OEATH
Jan (Month) 7 (Day) 1931 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from /2/3019230. to /7/, 1923/
10:50
The CAUSE OF DEATH * was as follows:
acute appendicus
Contributory Lengal Personalis
Secondary
(Signed) Coloration) yrs mos ds. (Signed) M. D. Saw 7 1923 (Address) Man to Hool
*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LZNGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, it not at place of dea.h?
Former or usual residence 43 Kenne pec flue Takanal
PLACE OF BURNAL OR REMOVAL DATE OF BURNAL DATE OF B
20 UN DERTAKER AOORESS
1.10. 1 av 110

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (and report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomolive engineer, (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic company to time and causation), using always the same accent. EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia. ("Pneumonia,

> ered in detail, it will prevent further correspondence. is essential and must be obtained before the certificate is

answered in detail, data is essential permanently filed. Ol telinus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death embolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory " "Convulsions,

66766

STATE OF MARYLAND CERTIFICATE OF DEATH

(Year)

Registration Dist. No. 213

St.: Ward)	
	tion, give its NAME is stead of street and

MEDICAL CERTIFICATE OF DEATH

	16 DATE OF DEATH			
	January (Month)	.21	at	192
1	I HEREBY SERTIFY, That	Lattende	d the de	ceased from
	Jan. 3/1/18/10	Ja		5/185/
		1000-	-	1. 1923 /
1	that I last saw harmalive on	1100		10 4
	and that death occurred on the date		re, al	/f.,.m,
1	The CAUSE OF DEATH * was as follo	W8:		
ı	Lewis pursus	TUVALA	ge	
l	right hisriple	geal!	**************	
ı				0-000111010111111111111111111111111111
1	(Duration)	3,	hor	eran.
1	11/1-	for a	-	
Ì	Contributory Secondary	u principal		
-	(Duration)) J. yr	TI	108ds.
	(Signed)	melle	un	M. D.
	Jan. 3/ 103/ (Address)	Rock	Evill	e, ma
	*State the listase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury		ths from Whether
	18 LENGTH OF RESIDENCE (For	Hospitals,	Institut	ions, Trans-
-	ients or Recent Residents)			
	At place of deathyrsmosds.	In the State	yrs	.mosds.
	Where was disease contracted, if not at place of dea.h?			
	Former or usual residence.			
	19 PLACE DE BURIAL OR REMOVAL	I	DATE OF	BURIAL

St., Balto., Requesting V. S. No. 1.

chould be stated EXACTLY, if may be properly classified s on back of certificate. supplied. pla TH IN EA. CF DI CIANS shot statement o

MARGIN RESERVED

Instructions

Importa

RENTS

4

9 BIRTHPLACE (State or country) 1D NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratog

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseloborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, tle first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. without more precise specification as Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid—probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronie Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH
County Montgomery
Village or City near Cabento (No.
2 FULL NAME Infant Pope
PERSONAL AND STATISTICAL PARTICULARS
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH
(Month) (Day) (Year)
7 AGE If LESS than a l dayhrs. mos. ds. or min.?
OCCUPATION (a) Trade, profession or
particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country) Mad
10 NAME OF Samuel Pope
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME
of Mother Dorothy Dean
13 BIRTHPLACE OF MOTHER (State or Country). Virginia
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dordley Page
(Address) Calin John Mc
15 Filed Jan 16 1931 Beng C. Perry

If more bianks are needed, address State Negistrar, 16 W.

STATE OF MARYLAND CERT!FICATE OF DEATH

Registration Dist. No.

St: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from		
that I last saw h sealise on John 1986, and that death occurred on the date stated above, at 12/30 pm. The CAUSE OF DEATH * was as follows:		
stillborn.		
Contributory Secondary		
(Signed) (Durstion) yrs mos ds. (Signed) (Address) Laber John M.D.		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the		
Where was disease contracted, if not at place of death?		
Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL Compley - mel Jan 16, 1931. 20 UNDERVAKER ADDRESS 7120 A. N. O.		

Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

2

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer 10or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the pick EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros pinar fever the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Crouse spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinomu, Sarcomu, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. Then ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY elatus) may be stated under the head of "contributory." Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answerled in detail, it will prevent further correspondence. All the elements is essential and must be obtained before the certificate is permanently filed

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2-16

Village or City

(No. 210 W. Thomapple

[If death occurred la a hospital or institution, give its NAME Instead of street and number.]

FULL NAME DERUELLE S. PORTER

PERSONAL AND STATISTICAL PARTICULARS			MEDIC	AL CERTIFICATE	OF DEATH		
3 51	ex Vale	4 COLOR OR RACE	S SINGLE, MARRIED, MOVILLE ORDINATED ORDINATED (Write the word)	16 DATE OF DEATH	Tau (Month)	& (Day	, 19 3 1
6 D	ATE OF BIRT	angust (Month)	14 ,1857	1		e— 8	1931
7 A	CCUPATION	13 yrs 5	(Day (Year)	and that death occurre. The CAUSE OF DEATH	d on the date state 1* was as follows:	d above, at G	20 P m
(a) par (b) bus whi	Trade, profession rticular kind of General nature iness, or estal ch employed (or	of Industry, blishment in PaP	I elyphone Co.	re pregiens	Duration)	ide T	hunt
ENTS	10 NAME OF FATHER 11 BIRTHP OF FAT (State	F July L	, Portu	9 Jan 1931	(Dorallon) Abell 1 (Address) 18 24-	hun a	, M. D.
PAR		LACE HER OT COUNTRY)	Benton This ET OF MY KNOWLEDGE	*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF HO 18 LENGTH OF RESIDE OR RECENT RESIDENTI Af place of deathyrsm Where was disease contracte	In the		, TRANSIENTS,
	(Informant) (Address)	hna 8. 210 W.Th	Porth mapple	If not at place of death? Former or usual residence	OR REMOVAL	DATE OF E	
File	ed 1 – 9	- 19B1 fho	mas lomas REGISTRAR are needed, address State Regis:	Jos. Sawen	Stown, I) C	MIN	uz ta

[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uce-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: The question "Foreman,"

> nant neoplusms); Meastes; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ete. State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemie eere brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

FEB 6 1931 BUREAU V.S.

V S. No. 1

Statement of CCUPATION is very important. See instructions on back of cer	
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PLACE OF DEATH	10 (U) STATE OF MARYLAND
County Montgomery	CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
Village or City Hockerllano.	ded all annual in
Village or City MCERCELLONO.	Sta Ward) a hospital or institution, give its NAME is
2FULL NAME Margaret a	Auth Proctor stead of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED	16 DATE OF DEATH
(Write the word)	17 LHERERY OF TIFY That Lattended the deceased from
6 DATE OF BIRTH May 2 1861	17 I HEREBY GERTIFY, That I attended the deceased from 181. to Jan. 16., 1981.
(Month) (Day) (Y	ear) that I last saw han alive on fan. 1931,
7 AGE	
49 49 day	
yrs. mos. ds. or	min.? arterioselesoses - Henryleges
(a) Trade, profession or	Chrome my reardeles !
particular kind of work	
business, or establishment in	(Duration)yrsmosds.
which employed or (employer) Wun Home	Contributory how
(State or country) mornigomory Co., med	Secondary (Duration)ysmosds.
10 NAME OF THE PARTIES	(Signed) M. D. Junthurum M. D.
11 BIRTHPLACE	Jan. 16 131 (Address) Rochwelle, Ma
OF FATHER (State or country) Monly. Co., Mil	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ellen Name	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Rockwille, M.	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Mary E. Smith (days	Former or usual residence
TP & 'el ma	19 PLACE OF BURIAL OR REMOVAL MO DATE OF BURIAL
(Address) Noticella Marie (Address)	Tayle Worth Vaporesse
15 Filed 1-19 19/3/Mrs. W.T. Dial Registr	to Jundertaker monden forhille
If more blanks are needed, address tate Re	gistrar, 16 W. Saratogs St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) sary to know Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseluborer, Farm laborer, Laborer-Coal minc, ctc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Paysician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the pistage of Cause of Death—Name, first, the pistage of the cause of Death (the primary affection with respect to time and causation), using always the same accepted ed terra for the same disease. Examples: Cerebrosphate ferer (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphlicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Ethaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Debility" Chronic interstitial nephritis, approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of "Atrophy,"."(Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage, cough; by Committee on Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature disease; Measles;

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V. S. No. 1

	PLACE OF DEATH, County Moulgoniery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Diat. No. 214		
	Village or City KrusmalorNo. 2FULL NAME Viola Brocke	St.: Ward) (if death occurred in a heapital or institution, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 SEX 4 COLOR OR RACE SINGLE. MARRIED. Vidowrd WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mgath) (Day) (Year)		
	6 DATE OF BIRTH Offil 76, 1870 (Month) (Day) (Year)	that I I say h		
	7 AGE If LESS than day hrs. or min.?	and that death of our red on the date stated above, atm. The CAUSE OF DEATH I was as follows:		
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Thum hand file the do		
J	9 BIRTHPLACE (State or country) Shaym Aclown . Il	Contributory Secondary (Duration) Tree Tree de		
	11 BIRTHPLACE 11 BIRTHPLACE	(Singled). M. D. (Address) Physics Physics		
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
1	of MOTHER Caroline Auntes	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)		
	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
	(Informant) Vaul 18 10 chett	usual residence		
	(Address) 3303 - Alighbauf & Pace	190ch rech Sey - Jan 6, 1951		
	Filed June 5 1983/ W L Jeins Registrar	Dry Rowbey Tumphey Mockvelle		
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Mcl		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association: approved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi-" "Marasmus, " "Old Age, " "Shock," Committee of Nomenclature of the Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory

answered in density will preven further correspondence. All the data is essential and must be Ostained before the certificate is permanently fild.

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	PLACE OF DEATH _		
	County Managarity		
/i	liage or City To chvelle (No.		
	2FULL NAME Ulyeses Ma		
	PERSONAL AND STATISTICAL PARTICULARS		
1 1	SEX 4 COLOR OR RACE 5 SINGLE,		
1	Male Oblet WIDOWED. Married (Write the word)		
	DATE OF BIRTH		
	Object 57 1837		
	(Month) (Day) (Year)		
-	If LESS than		
	7 4 yrs. 8 mos. 2/ds. or min.?		
_			
(a) Trade, profession or articular kind of work selected a Calesman		
p	articular kind of work selsure a alternay		
(b) General nature of industry business, or establishment in			
	rhich employed or (employer)		
8	BIRTHPLACE		
	(State or country) Maryland		
	10 NAME OF Prehaul & Pickello		
	11 BIRTHPLACE		
	OF FATHER		
	(State or country) Manyland		
1	12 MAIDEN NAME		

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 2/3

var 1) (If death occurred in

2	gruder Fickells a hospital or institution, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
0	16 DATE OF DEATH January 17, 198/
=	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
6	1 ()
-	that Mast saw h Amalive on January (6., 198)
an rs.	and that death occurred on the date stated above at Smm, The CAUSE OF DEATH * was as follows:
.2	
_	acute dilatation of heart
34	
7	Sudden
•	(Duration) vis nos ds.
-	Contributory Chronic neutritis
_	(Duration) 12 yrs mos ds
5	(Signed) M. D. Rosserlla M. D.
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
/	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
and the same of th	ients or Recent Residents) At place In the
	of deathyrsmosds. Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Mockvelle Umon (Eny Jams Do, 193/
-	20 UNDERTAKER Shuty Saballa
	Vm Hentry Completely Hockvelle

13 BIRTHPLACE OF MOTHER (State or Country)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "contributory." stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Migasles; approved by Committee on Nomenclature or as probably such, if impossible to determine definitely "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Ezhaustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway train and quelify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, cough; or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory

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PLACE OF DEATH	00712 STATE OF MARYLAND
Village or City News Sounds	CERTIFICATE OF DEATH Registration Dist. No. 2/3
Village or City Standard Sime Sime	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 19 , 1930	192
7 AGE (Month) (Dsy) (Yesr) 7 AGE (If LESS that I day hroof the property of th	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) PRINTHPLACE (State or country) Which	(Durstion) Jyre mos de. Contributory Normal Merchanting Secondary (Durstion) Syre mos de.
11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. D.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal of Homeidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Rockvill ned.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OULD DEPTAKED ADDRESS ADDRESS
15 Filed 1- 20 192) Mrs 267. Pratt Registrar	Marner Elumphy Richalle
lf more bianks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-,, etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(6) The ques-

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, (secondary Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

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Z S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Montg	CERTIFICATE OF DEATH
	Registration Dist. No. 2/8
Village or City Gaithersburg (Nd	St.: Ward) (If death occurred in a hospital or institution, give its NAME instance of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Widowed. White OR DIVORCED (Write the word)	16 DATE OF DEATH / 3 , 193 / (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 17th , 1.882 (Year)	that I last saw h Malive on 2 , 193 ,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or House Wfe particular kind of work	Julinonanj Tuberculou
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration)ds.
10 NAME OF FATHER JECOD A Gloyd	(Signed) M. D. 1 - 3 - 1931 (Address) Sarthershing &
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Annie E Clemence	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Annie E Clemence	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds. In the State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) Ernest Gloyd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Gatthershure Mid Filed Jaw 3 191 1 Delul Day Eleluson Registra	20 UNDERTAKER ADDRESS ADDRESS Particular
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The materia 6 Grocery,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pacumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mon-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection Chronic valvular heart discase, etc. The contributory need not be

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cupation is very important, so that the relative health household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner AD Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it L..ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The cuesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., whatever, write None. ured 6 yrs.). For persons who have no occupation I usiness, that fact may be indicated thus: Farmer free or given up on account of the misease causing Death, Housemuid, etc. If the occupation has been changed to report specifically the occ pations spork, or laborer, Farm laborer, Laborer-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Womof persons en-

Etacement of Cause of Death—Name, first, the bismass causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebroil spinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia").

> "Uraemia," "Weakness," etc., when a definite discare symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia Ohronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of (name orlgin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menary), 10 ds. Never report mere symptoms or terminal stated unless important. Nomenclature of the American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under Poisoned by carbolic acid—probably suicide. -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease "Anaemia" (second-(merely not be

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1931

Village or City hear spring (No.

(If death a hospit I or institution, give its NAME i. stead of street and

PERSONAL A	AND	STATISTICAL	PARTICULARS
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3 SEX 4 COLOR OR RACE 5 SINGLE WIDOWED OR DIVORCED Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE

If LESS than I day hrs.

OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) 10 NAME OF

OF FATHER (State or country) u 12 MAIDEN NAME 00

(State or country)

13 BIRTHPLACE OF MOTHER

Filed

MEDICAL CERTIFICATE OF DEATH

	12	26	, 193/
()	(Month)	(Day)	(Year)
HEREBY CERTING 192	FY, That I a	attended the	deceased from
ast I ast saw h alive	on	2 2	5 . 195 /
nd that death occurred on t		ed above, at	6 Am
he CAUSE OF DEATH * was			

andr	1			
	(Duration)	3770	mos /	٨.
Contributory Secondary	arter	in	lero.	1
	/P> 1 ×			

(Signed) (Address) Like

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from

18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death In the State______yrs.____mos... Where was disease contracted, if not at place of death? usual residence

If more blanks are needed, address State Registrar, 16 W. Savatoga St., Balto., Requesting V. S. No. 1.

RESERVE

rated EXACTLY roperly classifle certificate.

stated

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Parm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons cnhousehold only (not paid Housekeepers who receive a Foremon, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomolive engineer, As examples: (a) But in many (b) Grocery;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, p properly classified. of certificate. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH ould be may be I MARRIED, WIDOWED. OR DIVORCED (Write the word (Month) (Day) I HEREBY CERTIFY, That hattended the deceased from 6 DATE OF BIRTH on structions that (Day) (Month) (Year) 7 AGE [If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH rms RESERVED OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in Sarefu H in (Duration) Importa which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) be EA DO 10 NAME OF Sho (Address) (0) 11 BIRTHPLACE S OF FATHER the Disease Causing Death, or, in deaths from S Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) TIO Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER of death .. (State or Country) Where was disease contracted, if not at place of dea.h? 14 THE ABOVE IS TRUE Former or usual residence Every it CIANS stateme If more blanks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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	CORD	d EXACTLY orly classiffi tificate.
***	E	state prope of cer
BINDING	PERMAN	should be t it may be s on back
FOR	IS A	ACE so that uction
MARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK-THIS IS A PERMAN, T. CORD.	mation should be carefully supplied. ACE should be stated EXACTLY, PHYSI- e CAUSE OF DEATH in plain terms so that it may be properly classified. Exact PATION is very important. See instructions on back of certificate.
ARGIN RE	NFADING	ld be carefu DEATH in p
W.	WITH U	AUSE OF
	LY,	mate C

7 AGE

PARENTS

8 OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

> OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

1PLA	CE OF DEATH	
County	montgomer	J
		5
Village or	City Damaser	(No.
2	FULL NAME Oli	ve a s
PERS	SONAL AND STATIST	ICAL PARTICI
3 SEX Tunai	4 COLOR OR RACE	SINGLE, MARRIED, WIDOWED. OR DIVORCES (Write the word
6 DATE OF	BIRTH	4 = 8 .
	(Month	(Day)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	 W	ard)	

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Marned. Mister Stringle, Married. Widowed. Married. OR DIVORCED (Write the word)	16 DATE OF DEATH
(Month) (Day) (Year)	that I last yaw here alive on the last yaw here alive yaw here alive on the last yaw here alive on the last yaw here alive
13 yrs. 8 mos. 3 de. lf LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 2130 Pm. The CAUSPOF DEATH * was as follows: Orrowing my occardition with Reule allatation of heart
re of industry blishment in or (employer)	(Durstion) Unknown to me.
Dunity) Maryland.	Contributory Secondary (Durstion) yrs
E Gachael a Brown, ce mantry) Maryland,	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs disease contracted,
Am. & Mathew,	if not at place of death? Former or usual residence
13 192/ Della Of Beall Registrar	20 UN DERTAKER O.M. Hatty, Hardield Med. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more planks are needed, address state Registrar	to at network of Parto's Madnescuit at o' too re

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tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; if nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseen at bome, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement etc., or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease "Congenital," "Senile," etc.), "Dropsy, Chronic valvular heart disease; etc. The contributory

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1 PLACE OF DEATH County Moula ou ee	
County	· ·

00718

STATE OF MARYLAND CERTIFICATE OF DEATH



egistration Dist. No. 213

	Registration Dist. No.
Village or City Rockvell (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME in
2FULL NAME John Proodb	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 241 , 1951 / (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That attended the deceased from 192
7 AGE 10 Vrs. mos. ds. or min.	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or Watch Man	Wolley
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contributory Secondary
10 NAME OF FATHER WICKLISTER	Gigned) (Duration) (Duration) (H. O.) (M. D.) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place O yrs H mos O ds. In the State O yrs H mos O ds.
(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Rocciely Ma	19 RLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DATE OF BURIAL 1971 20 UNDERTAKER
Filed 1921, Nu M. Prou	Manuer & Prenegra Rock W. 1, 16 W. Saratoga St., Balto., Requesting V. J. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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